

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
101	1						51			
2		1					52			
3	1						53			
4		1					54			
5		1					55			
6	1						56			
7	1	+					57			
8	1						58			
9		1					59			
10		1					60			
11		1					61			
12	1						62			
13	1						63			
14		2					64			
15		2					65			
16	1						66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	28	↓					TOTAL IND.			
TOTAL DEP.	167	←	↓				TOTAL DEP.			
TOTAL CLAIMS	195						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1	/											
2		/										
3		/										
4		/										
5		/										
6		/										
7		4+										
8		4X										
9		4X										
10		4+										
11		4+										
12		4+										
13		4X										
14		4+										
15		4X										
16		4+										
17		4X										
18		4X										
19		4+										
20		4+										
21		4+										
22	/	4X										
23		/										
24		/										
25		51										
26		4X										
27		4X										
28		4X										
29		4X										
30												
31		/										
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33		/										
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44		/										
45	/											
46		/										
47		/										
48	/											
49		/										
50		/										
TOTAL IND.							↓					
TOTAL DEP.							↓					
TOTAL CLAIMS							↓					
										TOTAL IND.		
										TOTAL DEP.		
										TOTAL CLAIMS		

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